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## BIB DATA SHEET

CONFIRMATION NO. 6669

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/567,320	08/18/2006	424	1644	3115.00083		
<b>APPLICANTS</b> John W. Hadden, Cold Spring Harbor, NY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/25518 08/05/2004 which is a CIP of 10/015,123 10/26/2001 PAT 6,977,072 which claims benefit of 60/243,912 10/27/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/01/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SHARON X WEN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 16
<b>ADDRESS</b> KOHN & ASSOCIATES, PLLC 30500 NORTHWESTERN HWY STE 410 FARMINGTON HILLS, MI 48334 UNITED STATES						
<b>TITLE</b> Vaccine immunotherapy for immune suppressed patients						
<b>FILING FEE RECEIVED</b> 2115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		